

PHYSICIANS CONTRACTING ORGANIZATION OF TEXAS

HOSPITAL PRIVILEGE WAIVER

Recognizing that _____ (physician name) does not have admitting privileges to a participating facility due to an office/clinic based practice, it is agreed by the undersigned that all inpatient and outpatient facility based services and therapies will be provided in a participating facility under the direct supervision of a participating physician.

Emergency care for the stabilization of patients will be provided at the closest facility, but immediate transfer to participating facility should occur upon stabilization.

PHYSICIAN

PHYSICIANS CONTRACTING ORG. OF TEXAS

Physician Signature

Credentialing Committee

Date

Date